

**JULY 1, 2015 - JUNE 30, 2017
CONDOMINIUM ASSOCIATION BIENNIAL
REGISTRATION APPLICATION**

**ALL INFORMATION PROVIDED
IS PUBLIC INFORMATION**

FOR OFFICE USE ONLY

593 01673146	3- 7/14/15	60.00
906 01673147	3- 7/14/15	530.00

**BIENNIAL REGISTRATION DEADLINE: Monday, June 1, 2015
(Bond exemption reapplication deadline: Thursday, April 30, 2015)**

1. Project registration number: 1005

Name of condominium project: **HALE MAHINA BEACH RESORT**

Project street address (required): **3875 L HONOAPIILANI RD KAA NAPALI HI 96761**

Total # units: **53** Expiration of bond on file with Commission: **2/3/2016**

NOTE: If no information is printed in the "Expiration of bond on file with Commission" field, the AOOU has previously applied for a fidelity bond exemption (all fidelity bond exemptions expire at the conclusion of the biennial registration period). Question #5 of this application allows the AOOU to select a fidelity bond exemption.

2. a. List the names of the officers of the association (*all information provided is public information*)

President (required): Frank Porcelli

Vice President (optional): Greg Cole

Secretary (required): Lydia Hays

Treasurer (required): Richard Mayes

b. Designated officer (from section 2a) for direct contact (required):

Title: Pres. Name: Frank Porcelli

Mailing address (public): 12168 SW Garden Pl.

City: Tigard State: OR Zip: 97223 Day Phone: (503) 713-2035

Public Email (optional): _____

NOTE: Contact name of individual, public phone number and public mailing address where a unit owner and the owner's authorized agents may be able to obtain the documents, records, and information required to be provided to a unit owner and the owner's authorized agents pursuant to HRS §§ 514B-152 -154.5.

3. a. Person to receive AOOU correspondence & calls from Commission (required):

This individual will receive notices to update fidelity bond coverage, as well as correspondence from the Commission.

Title: Exec. Asst. Name: April Lunn

Mailing Address: P.O. Box 10039

City: Lahaina State: HI Zip: 96761 Day Phone: 661-8795

Public Email (optional): _____

Reg	593	\$60	\$ 60
CETF	906	\$ 10 x53	\$530
Service Fee	BCF	\$25	
Bond Exemption ..	593	\$50	
TOTAL DUE			\$590

- b. Pursuant to HRS § 514B-106.5, please identify the individual designated to provide reasonable access to persons authorized to serve civil process, in compliance with Hawaii Revised Statutes Chapter 634.

Name Primary: Neil Thomas Title Managing Agent Telephone: 661-8795
 Name Alternate: April Lum Title Exec. Asst. Telephone: 661-8795

4. Management status (required): (check ONE only and fill in corresponding info)

- ☐ Self-managed by Association of Unit Owners (see Instructions) Public Email: _____ (Optional)

Title: _____ Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Day Phone: _____

- ☐ Managed by Condominium Managing Agent (see Instructions) Public Email: _____ (Optional)

Management Company: Management Consultants of Hawaii, Inc.
P.O. Box 10039

Mailing Address: Lahaina Hawaii 96761-0039

City: _____ State: _____ Zip: _____ Day Phone: _____

5. a. Evidence of Fidelity Bond (required) (Between sections 5a and 5b CHECK ONE ONLY; see Question #1 for preprinted expiration date of bond on file with the Commission)

- ☒ No evidence of fidelity bond is attached because bond on file in Question #1 expires AFTER June 30, 2015.
☐ Completed CSI form or certificate of insurance form is attached because bond on file in Question #1 expires ON OR BEFORE June 30, 2015, or evidence of current fidelity bonding is NOT on file with the Commission.

- b. Bond Exemption (If applying for a bond exemption, select ONE of the following exemptions. A corresponding bond exemption form on page B-2, B-3, or B-4 must be completed as part of the application process). An additional \$50 bond exemption application fee must be added to the preprinted total due on page A-1.

- ☐ **Sole Owner:** Where all condominium units are owned by a sole individual, sole corporation, sole partnership, sole Limited Liability Corporation ("LLC"), or sole Limited Liability Partnership ("LLP").
☐ **20 or Fewer Units:** Where the condominium project contains 20 or fewer units.
☐ **100% Commercial Use:** Where all condominium units are 100% commercial use.

6. Owner occupancy: Percentage of residential use units in the project which are owner-occupied: 26 %

7. Annual operating budget: Did the AOUE board of directors adopt an annual operating budget? ☒ Yes ☐ No

Pursuant to HRS § 514B-106 (c), within 30 days after adoption of any proposed budget for the association, the board shall make available a copy of the budget to all unit owners and shall notify each unit owner that the owner may request a copy of the budget and to whom that request shall be made.

8. Reserve studies and replacement reserves: (see Instructions)

For the current fiscal year, is the AOUE collecting a minimum of fifty percent of the estimated replacement reserves OR funding one hundred percent of the estimated replacement reserves when using a cash flow plan? ☒ Yes ☐ No

If yes, what is the percent funded?: 51 %

9. Does your AOUE maintain and make available for owner-review during reasonable hours a reference binder containing the Board of Directors Guides, Real Estate Commission brochures, HRS Chapters 514A and 514B, HAR Chapter 107, copies of the declaration, bylaws, house rules and any amendments? ☒ Yes ☐ No

If yes, where are the materials kept?: Management Office

10. Has the AOUE amended the declaration, bylaws, condominium map or other constituent documents to adopt the provisions of HRS Chapter 514B? ☒ Yes ☐ No

- b. Pursuant to HRS § 514B-106.5, please identify the individual designated to provide reasonable access to persons authorized to serve civil process, in compliance with Hawaii Revised Statutes Chapter 634.

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 Name Alternate: April Lum Title Exec. Asst. Telephone: 661-8795

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☐ Self-managed by Association of Unit Owners (see Instructions) Public Email: _____ (Optional)

Title: _____ Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Day Phone: _____

☐ Managed by Condominium Managing Agent (see Instructions) Public Email: _____ (Optional)

Management Company: Management Consultants of Hawaii, Inc.
P.O. Box 10039

Mailing Address: Lahaina Hawaii 96761-0039

City: _____ State: _____ Zip: _____ Day Phone: _____

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If yes, where are the materials kept?: Management Office

10. Has the AOOU amended the declaration, bylaws, condominium map or other constituent documents to adopt the provisions of HRS Chapter 514B? ☒ Yes ☐ No

11. Has the AOUC utilized mediation or arbitration to resolve condominium disputes within the last two years? ☐ Yes ☒ No

If yes, how many times? Mediation: _____ Arbitration: _____

12. a. Does the AOUC have a separate email account? ☐ Yes ☒ No

What is the association's **public** email address? (optional) _____

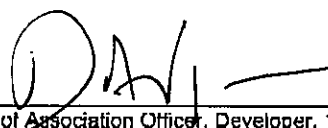
b. Does the AOUC maintain an internet website? ☐ Yes ☒ No

What is the **public** website address? (optional) _____

RECEIVED
PVT
REAL ESTATE BRANCH
15 MAY 29 AM 8:00
HAWAIIAN ISLANDS REAL ESTATE

**CERTIFICATION OF CONDOMINIUM ASSOCIATION OFFICER, DEVELOPER, 100% SOLE OWNER, OR
MANAGING AGENT WITH DELEGATION OF DUTY TO REGISTER**
For the period July 1, 2015 – June 30, 2017

1. I have read and understand the Instructions.
2. I certify that this application is complete as required, and is accompanied by the required documents and fees.
3. I certify that I am authorized to sign this certification on behalf of this condominium association, that the information provided is true and correct, and that there are no material omissions. (It is unlawful for any AOUC, its officers, board, or agents to file with the Commission any information that is false or contains a material misstatement of fact (HRS §§ 514A-134 and 514B-99.3). Any violation is a misdemeanor.
4. I certify that any changes to the required information provided in questions one (1) through five (5) of the registration application information, as required by HRS § 514B-103 (a) (1), shall be reported to the Real Estate Commission, in writing, within 10 days of the date of change. I further certify that the condominium association shall continue to update all other information during the biennial registration period as required by statute and provide updated information as requested by the Real Estate Commission. Also, written notification shall be provided to the Real Estate Commission at least 30 days prior to cancellation, termination, or a material change to the information provided in the evidence of fidelity bond coverage.
5. I certify that this condominium association does maintain continuous fidelity bond coverage in compliance with HRS § 514B-143 (a) (3), and that evidence of fidelity bonding or bond exemption shall be filed with the Real Estate Commission throughout this entire registration period. This condominium association acknowledges that its registration shall be automatically terminated for failure to provide the Real Estate Commission with evidence of continuous fidelity bond coverage (if applicable) through June 30, 2017.
6. This condominium association has received sufficient notice that if it fails to submit a completed registration application and fails to maintain continuous fidelity bond coverage or an approved fidelity bond exemption, it shall not have standing to maintain any action or proceeding in the courts of this State until it properly registers (HRS § 514B-103 (b)).



Signature of Association Officer, Developer, 100% Sole Owner, or Managing Agent
(Original signature or stamp preferred, however facsimile or photocopied signatures are accepted)

David A. Ferguson

Print Name

6/12/15

Date

Hale Mahina Beach Resort

Print Name of Condominium Association (Managing Agent include CMA Name)

CHECK ONE ONLY: ☐ President ☐ Vice-President ☐ Secretary ☐ Treasurer
☐ Developer or Developer's Agent registering for unorganized association
☐ 100% Sole Owner of Condominium Project
☒ Managing Agent with Delegation of Duty to Register

Mail or deliver all fees & documents to: Real Estate Branch, AOUC Registration, 335 Merchant St., Rm. 333, Honolulu, HI 96813

If you need assistance: call (808) 586-2643 to speak to a condominium registration clerk.

This material can be made available for individuals with special needs. Please call the Senior Condominium Specialist at (808) 586-2643 to submit your request.